

**REGISTRATION OF AGENT
TO ACT UNDER CORPORATE OR FIRM LICENSE**

To: **IDAHO DEPARTMENT OF INSURANCE**
700 W STATE ST FL 3
PO BOX 83720
BOISE ID 83720-0043
FAX: 208-334-4398

Notice is hereby given that _____
(Name of producer)

Idaho license #: _____ **RESIDENT STATE:** _____

Lines of Authority: _____ to be added to our agency license
as an individual authorized to act under the firm license, effective _____.
(date of affiliation*)

Name of Agency: _____

Idaho license #: _____ **RESIDENT STATE:** _____

(Signature of Officer)

(Officer's Title)

(Date)

NOTE:

1. This request must be signed by an officer of the firm.
2. To receive confirmation, the form must be submitted in duplicate and a return envelope enclosed. Or, provide return fax #_____.
3. Show agent/ agency names and Idaho license numbers exactly as they appear on Idaho license.
4. *Registrations cannot be backdated more than 30 days, or prior to license issue date.
5. Multiple registrations use page 2.

Contact name: _____ Phone #: _____

NO FEE REQUIRED

**REGISTRATION OF AGENT TO ACT UNDER CORPORATE OR FIRM
LICENSE cont.**

For multiple listings of agents to be affiliated to firm listed on page 1, see below:

<u>Producer name</u>	<u>Idaho Lic #</u>	<u>Lines of Authority</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____